

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10681855
APPLICANT(S) _____

FILING DATE _____

3/4/07

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2		1		1			52								
3	1		1				53								
4		1	1				54								
5		1		1			55								
6		4		4			56								
7		4		4			57								
8		4		4			58								
9		4		4			59								
10		4		4			60								
11		4		4			61								
12		1		1			62								
13		1		1			63								
14		1		1			64								
15		1	1				65								
16	1		1				66								
17		1	1				67								
18	1		1				68								
19		4		4			69								
20	1		1				70								
21		1		1			71								
22		1		1			72								
23		1		1			73								
24	1		1				74								
25		1		1			75								
26		1		1			76								
27		1		1			77								
28	1		1				78								
29		1		1			79								
30		1		1			80								
31		1		1			81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	7		10				TOTAL IND.								
TOTAL DEP.	43		42				TOTAL DEP.								
TOTAL CLAIMS	52		52				TOTAL CLAIMS								